

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc	71000	8-20-10
O.I.P.E. CLASSIFIER		15	5-31-99
FORMALITY REVIEW	59573		9-7-99

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
☐ N Non-elected  
☐ I Interference  
☐ A Appeal  
☐ O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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